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Healing Collective Trauma Using Sociodrama and Drama Therapy

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Eva Leveton has published many articles and three books: *A Clinician's Guide to Psychodrama* and *Adolescent Crisis: Family Counseling Approaches*, both published by Springer Publishing Company; and a memoir, *Eva's Berlin, Memories of a Wartime Childhood*, published by Thumbprint Press. She is widely translated. In recent years, she has used her own background in war-torn Berlin to join Armand Volkas' work of *Healing the Wounds of History* with groups of first-, second-, and third-generation Germans and Jews.

Semi-retired, Eva spends her time at home in San Rafael, California, gardening and playing with her three delightful grandchildren, Azure, Mateo, and Kira, as well as teaching Memoir Writing at the Redwoods Retirement Center in Mill Valley, where her oldest student is 101 years old.

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EVA LEVETON, MS, MFT

Editor


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For my family, who endured the long absences (mental and physical); to all those sociodramatists and psychodramatists who travel the world in an effort to make it better; and to my students, who teach me something new every day.

I also dedicate this book to the many unsung heroes who travel the world facing groups beset by the consequences of war, disaster, and political oppression. Their courage, their imagination, their heartfelt dedication, and their willingness to endure hardship in order to help others is an inspiration to us all.

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Preface

Collective trauma is a “blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community.”

—K. Erikson

Current newspapers, books, stories, magazine articles, and essays contain a plethora of themes dealing with victims of war, oppression, sexual mistreatment, and natural disasters. The *San Francisco Chronicle* (Hefling, 2008) reports that by 2007—4 years into the Iraq war—the rate of suicides per year in the U.S. Army was the highest in 26 years of record keeping, currently up to 12 per day. At the same time, homicides increased unexpectedly among Iraq War veterans (Soltz, 2008). The demand for mental health services exceeds records set in previous wars (Dao, 2009), and the symptoms of post-traumatic stress disorder and depression can last for years (Barnes, 2008). Whether we are asked to read about Iraq, Bangladesh, the Sudan, Ghana, South America, China, or our own internal problems with Katrina victims, Native Americans, immigrants, or the gay population, we are struck by the sheer numbers of victims and the poor quality of help available to individuals and groups (Erikson, 1995; Hefling, 2008; Soltz, 2008). Not only are we confronted by the present, but the past also refuses to leave; the historical legacy of Jews under Nazism and Japanese Americans during World War II, for example, has left traces into the third generation (Hoffman, 2004; Kellerman, 2007). In other regions, such as Africa, ancient tribal conflicts have increased dramatically (Kellerman, 2007).

Our title suggests healing. Let the reader be warned: Healing is not curing. This volume, replete as it is with practical advice and voices of deep experience, promises neither “cookie-cutter” methods nor “sure-

fire” solutions. Healing is a process. Participants in the groups led by our adventurous pioneers will have an opportunity to regain lost vitality and to experience new ways of dealing with old problems. Healing consists of all kinds of changes, big and small. Where one participant begins to heal through an initial development of trust in the group, another gains an altogether new perspective, and a third is unable to cite a clear result. The theories and methods in the following chapters serve as an orientation and a challenge to future healers; with application, a degree of healing can be achieved.

When large groups of people are involved in political upheavals, social crises, and natural disasters, it is difficult to allocate the personnel and financial resources to deal with the stress that ensues. Government agencies as well as nongovernmental organizations lack staff and funds necessary for the many people they seek to serve. Of the methods employed to address these problems, often referred to as post-traumatic stress syndrome, sociodrama (Sternberg & Garcia, 2002) and drama therapy (Johnson & Emunah, 2009) have been used successfully in many parts of the world. Because both methods have always focused on the entire group, not just the individual, support, expression of the problems, and renewed community can be achieved for many, not just one client at a time.

Drama therapists and sociodramatists have an advantage in delivering services to populations affected by collective trauma (Hudgins, 2002; Kellerman, 2007). Their application saves time and money that would otherwise be spent on individual or family interviews. However, their success is more than economical: The techniques described here have been successful in reducing pain, improving communication, and suggesting solutions for oppressed and victimized groups.

Moreno (1959), the founder of psychodrama, realized something that eluded many of the early psychiatric theorists. A great thinker and theoretician himself, he came to the conclusion that talking and thinking alone were insufficient stimuli for producing change. Concentrating on discovering processes that produce psychological health, rather than focusing on overcoming pathology, he suggested that the healing process should activate the client through “spontaneity training” that would enable the protagonist to access a spontaneous, flexible, appropriate response to a new challenge instead of falling back on learned habits that no longer apply. His metaphor of the fountain—the Latin root of spontaneity is *sponte*—with its dancing, life-giving waters illuminates

his method, developed to help not only the protagonist, but all of those in the group, from the other role-players to the audience. Like the authors represented in this volume, Moreno also realized that there are issues that affect an entire group, whether it is a group of oppressed individuals like the prostitutes he worked with in Vienna (Marineau, 1989) or much larger groups, like prison populations, dealing with collective trauma. He developed sociodrama to address issues confronting general, cultural, and political roles, from parents and children, to teachers and students, to victims and oppressors.

It is often said that Americans remain provincial in relation to the world's problems, that we don't want to hear about the problems of others, traumatized or oppressed, even in our own country (Erikson, 1995). We are known to have a foreign office that lacks Arabic speakers. Our professional associations pay little attention to work done abroad.

Kellerman (2007) writes:

Major traumatic events such as war, terrorist bombings and natural disasters, transcend the realms of individual suffering and enter the universal and collective sphere....In the long run, collective trauma...needs a group setting for its proper exploration and resolution. (p. 9)

The authors in this book are individuals who understood, early on, the importance of the views Kellerman advocates and responded to Moreno's call to make the world a better place (1959). They are among the many motivated individuals who have taken it upon themselves to pioneer in reaching out to traumatized and oppressed populations the world over.

At a recent psychodrama conference, one of the attendees remarked, "It's just amazing how much your work is based in your personal biographies." In my experience, this is particularly true of the sociodramatists and drama therapists who appear in this volume. Their immense outlay of personal energy, often without adequate financial support, is evidence of an unusual personal commitment. I am convinced that the passion to reconcile groups with deep historical conflict, or groups suffering from a current trauma, has its basis in deeply personal experiences and motivations. Because those who wish to follow in their footsteps will learn both from their professional and their personal stories, we have included both in these chapters.

All of the techniques discussed enlarge the topic of sociodrama with original work developed by the authors. In the panoply of techniques culled from the theater, from socio- and psychodrama, from Playback theater and from drama therapy, the reader will find new ways of warming up groups, of conducting enactments, and of sharing. A discussion of the difficulties of developing trust in victimized or opposing groups and the necessity of developing realistic goals will aid the directors of prospective sociodramatic work. The application of a wide range of auxiliary arts—music, artwork, poetry—will be illustrated. New ways of developing roles as well as new role constellations will be explored. Several of our authors talk about the continuation of their work by encouraging the members of their groups to become social activists. One, Herb Propper, has developed an entire institute in Bangladesh to train Bangladeshis in the use of psycho- and sociodrama. Without ignoring the depths of these conflicts or providing false hope, the authors demonstrate a variety of ways to approach collective trauma.

The following chapters will illustrate that drama therapists and sociodramatists work both with individuals and with groups, large and small. After covering the broader aspects of our discussion, the authors in Part I will discuss problems of marginalized groups occurring in the United States, where problems in groups of returning veterans, teenagers, immigrants, and homosexuals are addressed; the intergenerational problems of post-Holocaust Germans, Poles, and Jews are also considered; as well as work with traumatized women in the Middle East. Part II covers work done far afield—in Africa, where the work concerns Ghanians, Tutsis, and Hutus; in Bangladesh; and in China, where the one-child family has been legally mandated. We will be dealing with the reconciliation of opposing groups, the change in family roles during and after times of crisis, and the historical legacy of trauma.

Throughout the book, our authors provide practical examples the reader can adapt. Although each of the chapters is a mixture of theory and practice, each of the two parts of this volume will begin with a more theoretical chapter, followed by case studies that demonstrate the work. The volume is completed by an Afterword that discusses the implications of these new developments and their possible application in a wide variety of social problems.

We begin with sociodrama. Antonina Garcia, one of the most widely published and recognized authors on the subject (Sternberg & Garcia, 1997), in her opening chapter reviews theory, techniques, and applica-

tions as they relate to work discussed in this volume. These techniques also demonstrate one of the roots of drama therapy, a discipline that enlarged on the earlier work of psychodrama and sociodrama by widening its theoretical base and adding performance and ritual components to its repertory (Johnson & Emunah, 2009).

J. L. Moreno (1959), the founder of psychodrama and sociodrama, began with a creative career that included an improvised theater form, the *Stehgreiftheater*, using some of Hollywood's best known actors (Marineau, 1989). As a physician, Moreno soon integrated his understanding of improvisation with healing by developing a type of group therapy in which spontaneous action on the stage—theater—was the main component: psychodrama.

A side-remark may be relevant here. When David Johnson (1997, personal communication), one of the authors of this volume, suggested to Zerka Moreno, J. L.'s coworker and spouse, that, were he alive today, Moreno would be a drama therapist, she agreed that might well be the case, as the use of theater to bring about change had always interested him. Present-day drama therapists have closed the circle, reconnecting theatrical performance to the compendium of improvisation and widening the theoretical base of action techniques (Johnson & Emunah, 2009; Landy, 1986).

The Trauma in America section continues by exploring Narradrama, with Pam Dunne, its originator. This form integrates narrative therapy (White, 2007) with drama therapy and explores the use of all the creative arts (music, photography, drama, poetry, and art). In addition to a comprehensive theoretical orientation, the reader—whom we hope will excuse the inclusion of Middle Eastern women in this chapter—will learn new techniques using spontaneous writing, photography, collage, song, and puppetry, combined with role-playing and performance techniques, culminating in ritual. Problems of self-esteem addressed in Dunne's work with American teenagers in a group home, and, later in the chapter, their grown Middle Eastern sisters, demonstrate the universality of these techniques. Dunne's use of Narradrama demonstrably includes a much-debated subject, the psychiatric patient. Her work shows, as J. L. Moreno (1959) once did, that hospitalized psychotic patients can often access socially appropriate roles without repetition of psychotic content in spontaneous role-play.

David Read Johnson, a pioneer of drama therapy, who developed a form of drama therapy called "Transformations" (2009), acquaints

the reader with a range of uses of theatrical performance with veterans. The veterans begin with improvised enactments that serve to help the men communicate with each other and with other groups of veterans using improvisational role-play. Then the veterans rehearse selected scenes to be performed in public. The form remains improvisational—the words are not set—but the scenes proceed in a known and rehearsed order, like acts in a play. As his title, “Performing Absence,” suggests, these forms can help veterans to express and communicate—not erase—their painful experiences. The “absence” experienced in war—the absence of expected meaning, more than anything else, composed of all the lesser absences, such as family, home, reliability, predictability, safety—cannot be “worked through.” Traces of this “absence” remain in the psyche, a traumatic experience easily re-stimulated.

Mario Cossa’s chapter acquaints the reader with the trauma of HIV, for both victims and helpers. His innovative work combines Kate Hudgins’ Therapeutic Spiral Method, developed specifically for trauma work, with other sociodramatic methods.

We continue with Leticia Nieto’s work with Americans of ethnicity, using an example of a psycho-sociodrama with a Philippina-American. A section based on the theoretical background of the Rank system (Mindell, 1995) and Target and Agent roles (Hays, 2001) describes Nieto’s anti-oppression approach. As this work represents the most recently developed area in the field, the reader may find that the terms used are unfamiliar. Their use provides an entirely new way of viewing and working with problems of racism and offers new strategies and possible ways of “re-training” those who have internalized oppression.

Finally, Eva Leveton and Armand Volkas discuss their work with several generations of post-Holocaust Germans and Jews, based on Volkas’ *Healing the Wounds of History*, a process he developed as he began his work of reconciliation between first-, second-, and third-generation Germans and Jews living in the United States and in Europe. In this chapter, we encounter yet another combination of sociodrama, the arts, and performance, used to abreact trauma, discover new ways to regard old roles through role reversal, familiarize ourselves with the oppressor present in all of us, and help heal the deep and serious wounding by the Holocaust.

We begin Part II with a theoretical orientation by Thomas Riccio, a theater director and actor, who has taught in the Drama Therapy Department at San Francisco’s California Institute of Integral Studies

and is currently a professor at the University of Texas, Dallas. He is the ultimate theatrical traveler, having taken his work from the American theater to Canada, where he helped Yup'ic Eskimos recover their sense of pride and honor their native rituals; to Africa, where he helped create dances and peaceful encounters between warring tribes; and back again to Western and European theater, helping theater groups to recover some of the vitality of their original commitment. His orientation to “place, body, and space” will introduce the reader to novel and active ways of entering and working with indigenous populations who rediscover their pride of origin, tradition, and unity in activities that use movement, breath, and the circle, combining past and present cultures with the familiar rhythms of the heart.

The following chapter, by Herb Propper and Sabine Yasmin Saba, adds a detailed explication of the use of sociodrama into the mix, with examples from their innovative Bangladesh Therapeutic Theatre Institute, which is currently providing training for Bangladeshis working with problems of poverty, oppression, and regularly occurring natural disasters. Their work, both with adults and children, in the aftermath of Cyclone Sidr, and some of the religio-political problems caused by Osama bin Laden in the Bangladesh Muslim community, offers a window into working with another language—sometimes with and sometimes without a translator. Saba, one of the members of the Bangladeshi Therapeutic Theater Institute, also provides an example of the far-reaching effects of working with one of the most underprivileged groups in the world, the Indian transvestite prostitutes, for whom simple sociometric exercises provided a basis for joining, sharing, and addressing the deeper problems affecting them all.

Jon P. Kirby (2007) and Gong Shu also traveled to Africa, combining Abrams' experience as an anthropologist with Gong Shu's (2004) internationally recognized sociodramatic work to address a serious tribal conflict in Ghana. Their example of “culture drama” illustrates an approach to one of the root causes of war everywhere: territoriality. New ways to use both art and sociodramatic techniques address the long-held wrongful projections each tribe has of the other.

In the final chapter of Part II, Leveton, Leveton, and Newman address one of the least discussed problems in China: the consequences of the one-child family rule (Hesketh, Lu, & Xing, 2005), which caused a pervasive sense of abandonment and alienation in those generations affected by it (Becker, 1996). In our teaching at Sichuan University in

ChengDu, China, we found that our students commonly cited a problem that affected three generations: grandmothers (and, to a lesser extent, grandfathers), parents, and children. The grandmothers are scarred by the oppressive experience of the Cultural Revolution and hold authoritarian disciplinary values. The parents, the first educated middle-class generation in China, hold more liberal values and are likely to have an affectionate relationship with their children. However, they usually find work in a city away from their village, and, even if they live in a city, work long hours. The children, now in their 20s, have painful memories of being raised by harsh, resentful grandmothers, of longing for the absent parents. Presently, they strongly reject traditional family values for those of the materialistic West. The group work helped them to form a closer community, to share their pain—many for the first time—and to support each other in formulating strategies for the future.

In this important and emerging field, we hope that the reader will be challenged by theoretical material and inspired by the case examples. Marginalized and oppressed groups everywhere are in need of help and support. They present their own sets of problems of trust and hope. We hope that our readers will see enough commonalities with their particular approaches to create their own ways of helping similar groups, reassured by the repetition of the rule that there are no set rules for doing this work. Each group is unique; each method and process works at a particular time for a particular set of problems. All of our authors emphasize the necessity of flexibility and constant co-creation. It is not easy to work in a new country, possibly with a new language, with translators, with new institutions and new cultural beliefs and customs. For that reason, we want to bring the reader along on our often-distant journeys, and to present a “hands-on” approach. Each chapter includes more than one detailed illustration of workshop activities, the problems encountered by the leaders, and the effects of the work.

Active therapies—beginning with Fritz Perls’ Gestalt Therapy (Perls, 1969), based on learning in Moreno’s workshops—have been developed using role-playing as their base. In addition, we hope that clinicians with other therapeutic backgrounds, such as family therapy, Jungian analysis, or behavior therapy, continue to adapt role-playing and various art-forms in their work. Combined, we now have a large number of sociodramatists, psychodramatists, and drama therapists who have been trained and continue to be trained in the use of active techniques. It is our hope that our authors’ efforts will serve to inspire future genera-

tions of group therapists to use active techniques in addressing collective trauma.

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Healing Collective Trauma Using Sociodrama and Drama Therapy

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Trauma in America

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Healing With Action Methods on the World Stage

ANTONINA GARCIA

Author's Profile

My interest in sociodrama started in the 1970s when a local police trainer asked me to come to the county police academy and lead role-plays so that the police could learn experientially how to handle domestic violence. Soon after, I was invited to do the same for the State Police. Over a 12-year period, I conducted role-plays and sociodramas to train police in sex-crime investigation and a variety of other crisis-intervention situations, such as safely handling motor vehicle stops and dealing with mentally ill or suicidal people. Currently, I train people in how to use sociodrama and do inservice trainings at a variety of agencies in which sociodrama is the modality used to explore many topics, for example, how to resolve conflict on the job.

Antonina Garcia, EdD, TEP/BCT, LCSW, is one of the best known sociodramatists working today. She trains psychodramatists nationally and internationally and maintains a private practice. She is co-author, with Patricia Sternberg, of *Sociodrama: Who's in Your Shoes?* (2nd ed.), published by Praeger Press, a book widely accepted as the leading text for sociodrama. She is featured demonstrating psychodrama in a DVD titled *Three Approaches to Drama Therapy*. She is past Executive Editor of the

Journal of Group Psychotherapy and Psychodrama and past Chair of the American Board of Examiners. Formerly Coordinator of the Creative Arts in Therapeutic Settings Option and a full professor at Brookdale Community College, she currently teaches at NYU in the Drama Therapy Program. She is certified as a Trainer, Educator, and Practitioner by the American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy and is a Fellow of the American Society of Group Psychotherapy and Psychodrama (ASGPP). She is also a recipient of ASGPP's J. L. Moreno Lifetime Achievement Award as well as their Scholar's Award and is a two-time winner of the Collaborator's Award.

MORENO'S LEGACY: SOCIODRAMA AND PSYCHODRAMA

It is axiomatic that action methods have been used to heal since the dawn of history. Early tribes co-created enactments to ward off evil, heal trauma, and return participants to harmony. They knew that the very act of embodying painful experiences in a metaphorical way and transforming those experiences to hoped-for, wished-for futures allows for profound positive shifts in perspective and experience.

In modern times, the grandparents of all enactive educational and therapeutic modalities are sociodrama and psychodrama. They have been in the world's cultural context since 1921. Sociodrama and psychodrama are branches of the same tree. Jacob Levy Moreno created both as a way to heal both individuals and groups (Sternberg & Garcia, 2000).

Jacob Levy Moreno, MD (1889–1974), was a visionary thinker who was born in Romania and raised and schooled in Vienna. Moreno germinated and initiated many of his early ideas and projects in Vienna. He spent most of his professional life in the United States, arriving in 1925. During his years in the United States he further developed his theories and methods, and his work spread throughout the world (Moreno, 1953).

Moreno had a tremendous interest in social action in favor of oppressed peoples. The first class of people with whom he worked were prostitutes in 1913. Having discovered that prostitutes in Vienna had no legal rights and were not allowed access to public hospitals, he engaged an attorney to advocate for them, a newspaper editor to publicize their plight, and a doctor to see to their medical needs. Having acted on behalf of some of their human rights, Moreno organized the

women into a kind of guild that met weekly to discuss their issues and difficulties. As they spoke, Moreno began to develop some of his theories about roles and about how groups work. He noticed that the prostitutes, though individuals, had very much in common. It was through revealing their commonality that they were able to come together around a common purpose. He noted that every role we play in life has a private and a collective component and that each member of a group is a potential therapeutic agent of the other members.

Moreno acted also as the chief medical officer at a camp for Italian refugees in Mittendorf, Austria (Marineau, 1989). He was appalled that the refugees were not only suffering the trauma of displacement, but were also separated from loved ones and comrades who were at the camp. He proposed to reorganize the camp along lines of choice, to offer more options to these beleaguered people. Although it is uncertain whether the plan was carried out, the fact that Moreno sought to improve the lot of those traumatized tells us of his commitment to helping those who were underserved and lacking in options. It was at this time that Moreno began to develop his ideas about the science of sociometry. Sociometry is a science that focuses on the choices people make and the nature of those choices.

Still deeply interested in social action, Moreno started a sociopolitical theatre group called the Theatre of Spontaneity in Vienna in 1921 (Sternberg & Garcia, 2000). He organized a group of professional actors whom he trained in spontaneity techniques and social research regarding the issues of the time. Members of the general public were invited to attend and explore with the actors the current events of the culture. Moreno directed the “performances” and interacted with the actors and audience, and issues were explored in action spontaneously. Through this method, sociodrama was born.

Briefly, a sociodrama is an unscripted enactment of a social situation in which various techniques are used to help a group explore the social context in which the members live. The focus of sociodrama is the group, the *socius*, society. The focus of psychodrama, on the other hand, is on the individual and his or her personal story. Psychodrama also emerged from Moreno’s Theatre of Spontaneity (Garcia & Buchanan, 2000). Here’s how it happened.

One of Moreno’s leading actresses was married to a playwright who came to see Dr. Moreno for marital help. “George” complained that his wife, “Barbara,” was a shrew at home, although she seemed an angel

at the theater. To help them, Moreno suggested that “George” bring up the issue at that evening’s performance. When it was addressed, Moreno asked the couple to come up onstage, set the scene, and re-enact an argument that had occurred in their apartment earlier that day. Moreno, who was a psychiatrist as well as director, used the opportunity to engage in action marriage counseling. Thus was psychodrama born. In addition to helping the couple through psychodrama, Moreno helped them in another way.

It seems “Barbara” was frequently called upon to play ingenue roles in the company. Moreno hypothesized that she had developed role fatigue by being typecast as a sweet young girl and, at home, was enacting the counter role, that of shrew, in an effort to find balance. He made his first therapeutic role assignments with “Barbara” by recasting her in a wider variety of roles, rather than keeping her in the fixed role of ingénue. As a result of these therapeutic role assignments Barbara’s behavior at home was more balanced.

An essential substructure of both psychodrama and sociodrama is sociometry. Sociometry is the science that explores people’s choices and provides direction in helping them make choices that enhance their life experience. After emigrating to the United States, Moreno put his ideas about sociometry into action when he used sociometry to organize the prison population at Sing Sing. He and Helen Hall Jennings surveyed the population according to many variables, such as, age, immigration history, neighborhood experiences, language, behavior, etc., and re-organized groups according to each member’s social quotient so that the prison would operate as a more harmonious social community (Marineau, 1989).

Moreno and Jennings turned their attention to another underserved and traumatized population, at the New York Training School for Girls, a home for delinquent girls in Hudson, New York. Moreno served as Director of Research at the School from 1932-34. It is here for the first time that Moreno actively interwove sociometric study with sociodrama and psychodrama. Moreno studied the girls’ preferences in classmates, study mates, task mates, and house mothers. He also asked for their preferences of which cottage in which to live. Further, he surveyed the house mothers regarding with which girls they felt they would work best. Having completed this complex research (there were no computers, remember), he reorganized the entire community and began offering both group psychotherapy and retraining for the girls. He utilized psy-

chodrama, sociodrama, and spontaneity training, filming some of the sessions. The films show the girls involved in role-plays, learning to improve their social skills.

In succeeding years, Moreno continued to develop psychodrama, sociodrama, sociometry, and group psychotherapy. He and his wife, Zerka Toeman Moreno, wrote extensively (Marineau, 1989; Z. T. Moreno, 2006). They lectured and trained people around the world. J. L. Moreno administrated a psychiatric hospital and psychodrama training center in Beacon, New York. He also founded the Moreno Institute in New York City. Moreno died in 1974.

Moreno believed that all human beings have enormous potential for spontaneity and creativity, that we are co-creators of our reality and that we are all interdependent from the moment of conception until our last moment on the planet. As a result of this philosophy of life, he devised a series of theories and methods that dovetail each other and form a coherent expression of his desire to heal all of humankind. He created a theory of spontaneity and creativity. He developed a theory about roles we play in life and how we engage or disengage regarding others. He also developed the science of sociometry to explore how groups work and what can be done to help them function more adequately.

SOCIOMETRY

With the growth of global communications systems, we have all become acutely aware of the many places on the planet where oppression is widespread. The questions many of us ask are, “What can I do about it? How can I contribute to the solution? How can I contribute to the healing of wounded hearts? How can I help an oppressed person to trust again in goodness and hope? How can I help to heal the effects of trauma?”

Jacob Levy Moreno was deeply sensitive to such issues. Growing up a Jew in Victorian Vienna, he knew firsthand about prejudice and injustice foisted upon a minority. He knew well the many pogroms in Jewish history. From his early adulthood he asked himself how to help people move past intolerance and into acceptance of a basic tenet of his belief system: that we are more alike than we are different. Moreno believed that if we could come to realize this fact, we would be more

tolerant, less judgmental, and kinder to ourselves and others. As a result he developed the science of sociometry (J. L. Moreno, 1953).

According to Moreno, sociometry is the science that studies the choices people make. Moreno noticed that each of us is continually engaged in the choice-making process when we are not hindered from doing so. For example, we choose with whom we want to dine; with whom we prefer to work; with whom we share confidences; with whom to laugh; with whom to love. When someone reciprocates our positive choice, we have the greatest opportunity for satisfaction. When outside forces drastically restrict our choices as happens in times of war, oppression, famine, and other natural disasters, our dissatisfaction and dysfunction grow exponentially.

Regarding the choices we make, they are based on either positive, negative or neutral feelings. For example, although we may enjoy chatting with one of our neighbors, we may avoid another because we don't like his political views and experience neutral feelings towards another neighbor who is completely off our radar screen.

There are various configurations of choice. Based on a specific criterion, two people can positively choose each other (+ +), positive choice. They can reject each other (– –), negative choice. Someone can choose another, while the person rejects him (+ –), incongruous choice. Or a person can choose no one and be chosen by no one. A person who is unchoosing and unchosen is called an isolate. In a group situation, the person who receives the most positive choices is said to be the sociometric or positive star. The person who receives the most negative choices is said to be the rejection star. There are positive and negative aspects to being either the positive star or the rejection star. Although it is gratifying to be positively chosen, for example, much is expected of a sociometric star. This can cause undue pressure to perform in particular ways. Although it is unpleasant to experience rejection, less is expected of a rejection star and, as a client once noted, "I'd rather have negative attention than no attention at all." It is said that the positive star belongs to the group, and a negative star belongs to himself. The reason for this is that the positive star often sacrifices his/her own wants and needs to accommodate to the group's wants and needs. The rejection star, on the other hand, puts a higher priority on his/her own wants and needs rather than those of the group.

In addition to the sociometric star and the rejection star, there are the star of incongruity and the role of isolate. As an example of incongruity,

Antonio chooses to partner on a work detail with Raimundo. If Raimundo doesn't want to partner with Antonio, an incongruous choice exists. What each of us seeks is mutuality. If there are many examples of incongruous choices in a group, members express dissatisfaction and feel disconnected. It is essential that a group leader make interventions to increase mutuality. This is particularly important in working with groups of displaced persons.

Finally we come to the role of isolate. The position of isolate is a bit complicated. There are certainly times in our lives when we prefer and/or need to be alone. We may isolate for a day. No one contacts us, and we contact no one. However, when a person routinely chooses to isolate himself and is unchosen by others, he may be a true isolate. Such people are rare and we don't know much about them because of their persistent avoidance of others. These people are in danger of depression, anxiety, suicide, and other deeply dysfunctional behavior. The type of isolate that we see most frequently is the near isolate. An example of a near isolate would be a homeless person to whom a homeless shelter reaches out during a winter storm but who insists upon staying on the street alone.

Isolation is a particular problem for those who have been traumatized and oppressed. Sometimes feelings of isolation occur because a person is displaced from home and loved ones, as can happen in times of revolutions, wars, and natural disasters. Sometimes feeling isolated comes from the depression or shame that arises from experiencing the horror of violence, such as that which occurred in Rwanda. The leader using sociometric techniques can do much to reduce feelings of isolation. Dr. Cecilia Yocum (2008) in an unpublished monograph describes a simple yet elegant exercise she used in Rwanda. For this self-care and inner strength exercise, the group is divided in two and sits in concentric circles facing each other. The leader asks a question and each member of the duo facing each other has time to tell the partner the answer to the question. After the dyad has answered the question, people on the outer circle move one seat to their right and the process begins again and continues until each member of the outer circle has shared with each member of the inner circle and vice versa. Some of the questions asked are: "When you feel sad what do you do that helps you? What wisdom have you learned from the things that you have been through in your life? When you feel like giving up, what gives you strength to continue? Even though life can be difficult, we all have things that

bring us joy. What brings joy in your life today, and why does that bring you joy?" This exercise helped the participants to shed isolation, fear, and shame. They connected with each other and told elements of their stories in a context of hope. The process of speaking one's truth, being heard and witnessed by another, and reminding each other of inner strength provides powerful healing.

Healthy groups provide access to many roles so that no one is role locked into any single position. When working with traumatized peoples it is essential for a leader to assist members to share coveted roles and diminish the need to place members in roles they experience as negative, for example the role of scapegoat. It is helpful for the leader to find ways to allow the gifts of each group member to emerge and be enacted and appreciated by the group.

Our choices are also based on specific criteria. We don't choose in a vacuum. For example, if a person wants to engage in a project at work, if permitted, she may elect to work with someone who would complement her skills and would be committed to the project. If she knows of a coworker who seldom follows through on projects, she is likely to reject working with that person. The criterion upon which she based her choice was, "Who could best help me complete this task adequately." When people are displaced, frequently they are stripped of their ability to choose with whom to engage.

Oftentimes, choices are also based on specific categories, for example, "people like me" and "people unlike me." Although we may be willing to disclose feelings of inadequacy with close friends, we may not be willing to do so with an acquaintance. Choice is based on cultural and personal expectations as well, such as race, ethnicity, religion, and social status. This is an area that has the potential to bring about enormous dysfunction in the choice-making process, particularly when the person choosing polarizes his/her views and resists information that would allow him/her to expand the view. For example, a man hates Palestinians because he is a Jew and believes that Jews "should" hate and mistrust all Palestinians. Or a Palestinian woman hates all Jews because she's been told they are all infidels and worthy of annihilation. These people may be following what they have heard at home (subculture) or what they have introjected from their culture at large.

Racial and ethnic intolerance is an area of sociometry that many seek to redress. What is interesting to note is that recent research finds that the problem may not be as difficult to resolve as one might think

if sociometry is utilized. Benedict Carey (2008) reports in a *New York Times* article, “Tolerance Over Race Can Spread, Studies Find,” that over the past few years there have been research studies demonstrating how quickly people from diverse backgrounds can build trust when the circumstances are right. The article describes one such program in which two strangers from different ethnic groups come together and interact in 4-hour-long sessions developed by Art and Elaine Aron, two social psychologists from Stony Brook University. In the first session, the pair share their answers to a variety of questions, ranging from the impersonal to the more personal.

In the second session, the dyad competes against other dyads in several games that are timed. In the third session, they discuss several things, not the least of which is why they are proud to be a member of their ethnic group, whether they are Asian, Latino, Black or White. In the last session, they perform a familiar trust exercise. Each takes turns wearing a blindfold, while the other verbally guides him/her through a maze. What is compelling is that relationships built through engaging in these dyadic exercises may last months or longer. They also reduce participants’ scores on a test that measures prejudice. How heartening it is to see proven again that acceptance and tolerance emerge when we come to see that we are more alike than we are different, as Moreno hypothesized so many decades ago.

Sociometry can be used both descriptively and prescriptively. It can be used to study what current choices the members of a particular group are making. It can also be used to help a group to function more adequately and harmoniously as was described above. In times of trauma and oppression, sociometric choices are often stripped from the victims, leaving them bereft. They may be torn from their homes, villages, families, social networks. A skilled group leader can use sociometry to address their needs. The leader can facilitate an increase in access to roles, reduce isolation, increase tolerance and acceptance of differences, and promote greater spontaneity and creativity in a group. The leader can also help those traumatized to trust their ability to choose again.

Moreno observed that there are hidden currents of choice in every group. In new groups hidden currents abound. For example, Micah may not know that he and Joe attended the same high school. Keisha may not know that three other members of her group have lost a child. It is the work of the group leader to facilitate bringing pertinent currents of choice into the open. In working with oppressed or traumatized

people, for example, feelings of isolation and shame are common. Gently helping these feelings to come to the surface allows group members to see that they are not alone in their pain. It can also serve to normalize the complexity of the emotions members experience.

John Donne, in his *Meditations XVII*, said, “No man is an island.” Moreno agreed. In fact, he felt that the smallest unit of study of an individual is the person in his social atom. The social atom consists of all those whom a person considers significant. Our family, friends, work partners, and even our enemies are all members of our social atom. Our social atom changes over time, as we ourselves grow and change. When we think back over our lives, we may notice that some people who were important to us when we were children are still important. However, some people who were important then may no longer be significant today. In fact, we may have drifted away from them over the years; had arguments that separated us; have moved to a different place; or death has intervened to shift the importance of the relationship.

Awareness of the social atom and the shifts that can occur is especially germane when dealing with people who have lost significant people and/or role relationships because of trauma or oppression. When tragedy strikes and an individual sustains many losses, great holes appear in a social atom that was formerly full. Grief and dysfunction easily ensue. The psychodramatist/sociodramatist works to help the person reweave a social atom that will offer sufficient support.

Moreno conceived of the social atom test as a way to diagnose social dysfunction, plan a course of treatment, and evaluate that treatment's effectiveness (Buchanan, 1984). All of this is done in cooperation with the person completing the atom. In a first session one could ask the individual or group members to complete a current and a future social atom. The future social atom would consist of sociometric changes toward which the person is working. The initial social atom of a battered woman indicates to her that she has isolated herself from her friends because of shame. She asserts that she wants to overcome her shame and resume a past friendship. At the end of treatment, the woman completes a social atom of her present world. Since she has in fact resumed that friendship, the goal has been achieved. Through charting each social atom, the woman can clearly see that she has empowered herself to rebuild her life.

The social atom can also be used to explore and recover aspects of one's pre-trauma world. A person forced to flee the village during a revolutionary assault could construct a social atom of the time before the assault, another atom post-assault, and a future (wished-for) atom. In addition to mourning what was lost because of the trauma, the person can work psychodramatically to restore feelings of innocence and personal power and to forgive himself for fleeing to safety and surviving though others died.

In addition to personal social atoms there are also cultural social atoms. The cultural atom depicts the groups to which one belongs, for example, religious, work, family, interest, and social. Often rectangles are used to represent these groups. Cultural social atoms are particularly useful in working with sociodrama groups where the focus is on collective experience. When working with those who have been culturally traumatized or oppressed, it is essential to focus on the changes that have taken place in the cultural and personal atoms. Even if participants have not charted their social atoms on paper or in action, it is important that the leader bring those aspects of the persons' sociometry to the surface.

Although the presence of our interconnections exists within us, Moreno devised a written exercise in which a person can depict his social atom on paper, thus externalizing the connections. There are many types of social atoms and directions for constructing one (Hale, 1986). Here's an example of one set of directions that the author has modified over the years.

The person is given a piece of paper that says the following:

Your social atom is composed of you and those who are important to you in your life. You are now going to construct a picture of your social atom. Imagine that the piece of paper in front of you is your life space today. Using a triangle if you are a male or a circle if you are a female, locate yourself on the page. Then, using triangles for males and circles for females, arrange in relation to you those who are significant in your life. If they feel close to you, place them close. If they feel far away, place them far away. If they feel big in your life, make them big. If they feel small in your life, make them small. Put a name or initials in each figure so that you will remember who is who after you've completed the process.

After completing the social atom, discussions or action can occur. Group members can sculpt their social atoms in action or focus on a particular

relationship in the atom. In working with trauma over time psychodramatically, it is useful to ask the person or group members to draw a pre-trauma social atom, a post-trauma social atom, and a future (wished-for) social atom. Aspects of these atoms can be concretized in action in many ways. Here are just a few examples: to mourn losses; to recapture positive aspects of the former self; to project into a hopeful future; to express unexpressed emotions from the time following the trauma; to gather resources for coping in the present.

ROLE THEORY

Moreno viewed people as being composites of the roles they play. He viewed role as a specific group of behaviors that society recognizes and labels in a particular way. He felt that each of us plays roles from the moment we take breath (J. L. Moreno, 1946). Our first roles are somatic—sleeper, eater, crier. Through the interactions we have with our caregivers we begin to develop our social roles. The social roles are reciprocal and are most satisfying when the person whom we choose chooses us. Developing concurrently with the social roles are the psychodramatic roles which are our intrapsychic roles, such as imaginer, dreamer, solitary thinker. Dr. Natalie Winters (2000) has proposed that there is a fourth role category: psychospiritual roles, which comprise our transpersonal role relationships.

For each role that we play, both we and our subculture and culture have expectations regarding how the role is to be played. Differing role expectations among people can easily lead to strife, particularly if each person rigidly holds to his or her own expectation. For example, religious, ethnic, and racial wars in part have to do with differing role expectations and the belief that one's own expectations are the only correct ones.

The power of role expectations cannot be overestimated by those who go to cultures other than their own to work. Clearly it is important to find ways to access what the role expectations of the particular group are. This is where using action sociometry is especially valuable in that it can provide an opportunity for the leader to learn group preferences and customs in action.

Some other aspects of role that are helpful to consider are role conflict and role stripping. In situations in which a person is ordered

to commit violence on a neighbor to protect their own family from violence as happened in the Rwandan crisis, the role conflict is intense and traumatizing. Role stripping occurs when one is removed from a role, without consent and usually without much notice. It is clear to see how dramatically this occurs for oppressed peoples who may be stripped of many roles all at once.

J. L. Moreno (1946) underscored the importance of role reciprocity. In each social role we play, we have necessary partners. A mother needs a child to be in the role of mother and vice versa. A teacher and student need each other to perform their roles. When we highly value a role and lose our reciprocal role partner, grief and its attendant emotions ensue. This horror can be seen in the faces of people who lose family and friends in earthquakes, fires, and tsunamis. Although lost people cannot be replaced, it is essential to assist survivors in grieving the losses, finding techniques to cope with them, and building new and satisfying role relationships.

SPONTANEITY/CREATIVITY THEORY

J. L. Moreno (1946, 1953) believed that we are potentially spontaneous, creative geniuses. He felt that spontaneity and creativity are essential to get us through every day of our lives. Loosely defined, creativity is the idea, the inspiration for something new, and spontaneity is the catalyst that gets us to put our ideas in action. He pointed out that people have many great ideas that they never put into action. It is spontaneity that spurs us to get into action. He also noted that people sometimes feel the unrest of wanting to change aspects of their lives but not having a clue of how to go about doing that. Thus, spontaneity and creativity are necessary partners.

Moreno also underscored the importance of warm-up in his theory. Warm-up is a readying process. We ready ourselves to play the roles we play. We ready ourselves to take actions to change situations with which we're dissatisfied. Moreno observed and did research showing that in emergency situations, it was far more difficult for people to be spontaneous and creative than it is when they have an opportunity to warm up to new situations. In emergency if we have little time to think, our judgment is often impaired. We fight, flee, or freeze, with any of these responses possibly being inadequate to the situation. Trauma and

oppression can wreak havoc with our spontaneity and creativity. People who have been imprisoned for years find it difficult to re-enter a world of choices, a world where they must be spontaneous and creative. Michelle Hoff (personal communication, April 23, 2009), a social worker in New Jersey, works in a halfway house where she uses sociodrama to prepare prisoners to return to the world outside prison. She helps them to role-train how to navigate interactions they may encounter.

Operationally, all of Moreno's theories interweave. Spontaneity and creativity are necessary for making choices (sociometry) toward people with whom we want to interact (role theory). Based on his theories, he devised the following interventions to heal mankind: sociometric exercises, spontaneity training exercises, and sociodrama and psychodrama.

SOCIODRAMA

Sociodrama (Sternberg & Garcia, 2000) is an action method in which people spontaneously enact social situations as a way to understand the situations more fully. For example, a group of aid workers might enact a scene offering aid where people seem reluctant to receive aid. The workers may come to realize that they need to approach the recipients in a different way than they had planned to do. People also enact such situations to explore various levels of feelings about an event or events. For example, a group of people from two tribes might explore how healing would help them to trust members of a neighboring tribe. Groups also enact various solutions to social problems. For instance, a group may rehearse how to manage anger in more effective and non-violent ways. A group may enact a future projection at the time of completion of a plan they have made to share goats in a village. A group may also explore an issue that has no current resolution so that they may express feelings about the issue and speak their truth.

After each sociodrama, a group has an opportunity to debrief the enactment and to note what has been learned. It is also a time for brainstorming other options, if the action has focused on problem solving, and for reaching closure for the session.

Like role-play, sociodrama is a spontaneous, non-scripted enactment. Unlike role-play, there are many techniques used in sociodrama

to expand and deepen the learning coming from the action. Some of hundreds of techniques are role reversal, doubling, future projection, magic screen, soliloquy, freeze frame, and aside. Simply stated, role-play is a lot easier to do, needs vastly less training but is less effective.

Sociodrama focuses on the collective aspects of the roles we play. Because it does this, sociodrama can help a group to explore cultural roles and how they feel about them. An enactment can occur in which group members play roles of cultural leaders interacting with each other or with members of the community regarding a specific issue. Thus, in a sociodrama, a person is not acting out his/her own life story. He is playing a role as it is codetermined by group members. In the enactment of the role of a hurricane victim approaching FEMA, the person playing the role shifts it so that it is not identical to his own life experience. If, in fact, he had been rescued in a boat, perhaps in the enactment, instead he would have retreated to an evacuation center before the hurricane hit. If, in fact, he had no children, perhaps for the enactment the group decides he's the father of four. One might ask why not enact the true life story of this person? The answer is connected with the contract the leader has with the group. If the contract is educational rather than therapeutic, the person's anonymity should be preserved. Further, people are often less fearful of moving ahead with enactments delving into difficult issues when they are safely distanced enough.

The emotional distancing aspect of sociodrama allows for many positive results. Participants express feelings they might not otherwise express if the drama were more personal. They can have a greater perspective when viewing an issue, because the issue is not expressly theirs. They are frequently able to examine challenging emotional or sociopolitical topics because they're not directly exploring and exposing their own personal lives in a group of people whom they may not know well or trust.

PSYCHODRAMA

The question of enactment of a person's life story leads us to a discussion of psychodrama. Psychodrama is a deep action method developed by Moreno to allow people an opportunity to enact scenes from their lives, from their day and night dreams, and from their fantasies and wishes.

They enact these scenes so as to express feelings they had not previously been able to express and to contain expression of feeling that is out of control. They may also gain insights through the actions they perform and practice new behaviors so that their world can run more smoothly.

In psychodrama, the traumatized person enacts his own story. That is not to say that he/she re-enacts the traumatic events. Instead, scenes of hope and coping are enacted to rebuild spontaneity and creativity. Lauren Shpall (personal communication, 2009) works with adolescent male prisoners and with female prisoners ranging in age from 18 to 70 on Riker's Island. In her women's group, the women enact psychodramas in which they create and interact with "resource figures" to help them cope with current challenges. A resource figure may be a Higher Power, a woman's grandma, or Oprah. The enactment of these dramas helps the women to experience and see that they already have internal resources of which they were not previously aware.

The person who is enacting his/her story is called the protagonist. All other characters in a drama are played by other members of the group, who are chosen to play specific roles. These people are called auxiliary egos. In Colombia, Dr. Cecilia Yocum (personal communication, August 24, 2008) worked on a project with Friends Peace Teams "to bring trauma healing and reconciliation programs to displaced persons, who have fled their rural homes because of violence and moved to the outskirts of large towns or cities in that country..." (p. 2). These programs are experiential, empower participants, and help in rebuilding the community by renewing trust, encouraging solidarity, and sharing of experiences among participants. After asking people to draw a picture of a loss and discuss it, Dr. Yocum led the group in healing rituals in which they sculpted a meaningful moment that occurred during that loss. Each protagonist chose members of the group to become people, animals, or objects that were essential to that meaningful moment. Thus, the group members acted as auxiliary egos to co-create the healing with the protagonist. In her correspondence, Dr. Yocum (personal communication, August 24, 2008) shares two participant reactions:

I will always remember the tragedy, which was fatal, but now I will also remember the person and how beautiful they were. Now I can remember the person and not just the tragedy. When we dramatized things out it was like a housecleaning. We started addressing things and leaving some things behind. We can take steps toward healing.

Although there are hundreds of techniques used in psychodrama to facilitate healing, there are two techniques that are particularly helpful. One of the most profoundly moving and powerful techniques of both sociodrama and psychodrama is role reversal. The way the technique works is this: the person playing the prisoner in a drama switches roles and physical positions with the person playing the warden. When each plays the role of the other, many opportunities arise: one can develop empathy for the other's position; one can develop a deeper understanding of the situation at hand, a perspective on the situation; one can develop compassion; one can become unstuck; one can gain insight into new ways to solve a problem; one can see oneself as others see her. Finally, through role reversal a person can begin to see ways that we are more alike than different. The other person may actually feel similarly to how I feel.

Although we are capable of reversing roles with people in our minds, actually changing places and stepping into the other's shoes provide us with information and empathy in an even more profound way. Role reversal is the most valuable technique that Moreno developed to maximize the chances of helping each of us realize that we are more alike than we are different, a factor necessary in establishing a truly peaceful co-existence on the planet.

The other extremely helpful technique is doubling. The double is an auxiliary ego who is a kind of inner voice that expresses one's heretofore unexpressed thoughts and feelings. For example, if the double notices that the protagonist is speaking with a calm voice but has his fists clenched, he might say, "I'm speaking to you calmly and controlling my feelings but I'm really angry." If the double is accurate, the protagonist repeats or puts in his own words what was said. If the double is inaccurate, the protagonist corrects the statement. Sometimes in a drama a protagonist has a permanent double, and sometimes group members or the director spontaneously come up and make doubling statements to assist the protagonist's expression or containment.

David Moran (personal communication, 2009), a social worker, administrates an outpatient substance abuse and co-occurring disorders program. Most of the people with whom he and his employees work suffer from PTSD. Many of the social workers utilize doubling with their clients to help them access emotions beneath their denial and to learn containment techniques. They also help them to contact and embody inner strengths of which they were previously unaware.

Here (Table 1.1) are some of the similarities and differences between sociodrama and psychodrama (Garcia, 2006):

Both sociodrama and psychodrama have been utilized with people suffering from trauma since their inception. They continue to be used in this way. They are ideal modalities for working with children and adults, with the able and disabled, with those who are similar or different, and with people suffering from personal and/or cultural trauma. Currently sociodrama and psychodrama are being used globally to heal trauma in such places as India, Bangladesh, Ghana, Rwanda, Burundi, and Colombia, and many other countries as well. Here in the United States, they have been or are currently being used in prisons, to help Katrina victims, and to help Cambodian refugees.

One insidious aspect of trauma is that it promotes isolation and feelings of isolation. Enactment in community normalizes the feelings participants have. After a psychodramatic enactment, as people share similar emotions, one can almost feel a collective sigh of relief from the group. Enactment allows us to speak the unspeakable and experience comfort, compassion, and support from others. In sociodrama, where people are sharing and practicing coping mechanisms, interdependence is fostered and hope is restored.

J. L. Moreno (1953, p. 1) felt that “the only true therapeutic goal was all of mankind.” Through use of sociodrama and psychodrama he sought to encounter and heal people on the streets and in the consulting room, to find and help them wherever they were.

In addition to sociodrama and psychodrama, other enactive modalities have emerged since the 1920s. Among these are Playback Theater (Fox, 1994; Salas, 2000), Narradrama (Dunne, 2000), Role Method (Landy, 1993), Developmental Transformation (Johnson & Emunah, 2009), Theatre of the Oppressed (Boal, 1992), and other forms of Drama Therapy (Johnson & Emunah, 2009).

J. L. Moreno (1946) once said that each of us has innumerable stories to tell and moments to enact. He believed that important stories should be enacted twice: once in life and once in psychodrama. Jonathan Fox and Jo Salas developed Playback Theater in the 1970s (Fox, 1994; Salas, 2000). Playback Theater offers a representative psychodrama enactment in which a person from the audience tells a story, and members of a troupe of spontaneity players enact the person’s story in its essence. In this way, many stories may be told and witnessed in a given session.

Table 1.1

SIMILARITIES AND DIFFERENCES BETWEEN SOCIODRAMA AND PSYCHODRAMA

SIMILARITIES ONLY BETWEEN SOCIODRAMA AND PSYCHODRAMA

Each session has three components: the warm-up, the action, the sharing.
 Open tension systems (themes) and act hungers (need to complete an action) guide the director.
 The director must build the positive sociometry (connections) of the group and assist the group in the warming-up process.
 The same production techniques are used.

DIFFERENCES ONLY BETWEEN SOCIODRAMA AND PSYCHODRAMA

SOCIODRAMA

PSYCHODRAMA

Sociodrama is primarily educational and sociocultural in intent.

Psychodrama is primarily therapeutic and psychological in intent.

The director contracts with the group.

The director contracts with the protagonist regarding the issues to be explored in the drama.

The participants are called enactors because many sociodramas are group-centered.

The participants are called auxiliary egos or protagonists because psychodramas are protagonist-centered.

Enactors volunteer for roles.

The protagonist chooses auxiliaries and defines the way the auxiliaries will play the role.

During the enactment, the director often freezes the action and asks the audience how they feel, what they think, what ideas or suggestions they have for resolution of problems emergent in the drama or for opinions about what is occurring.

The protagonist may ask for help from the audience if he/she is stuck.

There are times when group members return to an enactment after it has concluded to try out various alternatives that the group has generated in the sharing.

The protagonist doesn't enact additional scenes after the drama has ended. If the protagonist is rehearsing a new skill, he may ask for advice or suggestions during the drama. At that point, he may replay the scene, incorporating the suggestions.

Sometimes an enactor will return to the audience, and other members of the audience will step into the role and try alternate solutions to the problem being explored or explore various ways to play the role.

Auxiliaries remain in the roles for which they were chosen by the protagonist until the drama is completed.

In Playback Theater two chairs are set onstage, one for the teller of the story and one for the Conductor of the Playback troupe. The Conductor acts as emcee and warms the audience up to the telling of pertinent stories. Someone from the audience emerges to tell a story. After the person tells his story, he chooses members of a trained troupe of actors to play different roles in the story. Troupe members, without discussion, spontaneously enact the story. Musicians are also present to transition from telling to action, to accompany the action, and to assist in the conclusion of the action.

Members of Playback Theater troupes are highly trained in spontaneity playing. They are attentive listeners who are comfortable with role, story, and metaphor and have become intuitively sensitive to each other and each other's gifts. Their training enables them to hear a story, immediately embody a role, and move to enactment. After hearing the story, there are no lengthy discussions among troupe members about who will do what. Rather, the members move to collect available props as music plays beneath, and the action begins with the Conductor saying, "Let's watch."

Once the story has been told in action, the Conductor asks the teller if the enactment captured the essence of the story. If anything needs changing, the troupe re-enacts the story making the necessary adjustments. If the enactment has satisfied the teller, he returns to the audience and another teller emerges. The reactions of the tellers demonstrate again and again how wonderful it is to see one's own story in action and to have one's truth witnessed by others.

An alternate method of performing Playback Theater involves the entire group. One person tells a story to the Conductor, and members of the group enact the story. This has particular benefit when a trained troupe is not available but a Conductor is. Although the result may not be as aesthetically pleasing or as artistic in performance terms as would be the case with a professional troupe, there is certainly therapeutic value in group members participating in the telling of each other's stories. When group members co-act, each becomes a therapeutic agent of the other and personally and deeply connected with each other's stories and each other's healing.

Psychodrama, Sociodrama, and Playback Theater have the same theoretical roots, deriving from Moreno. Narradrama, Theatre of the Oppressed, and some other forms of Drama Therapy have their own theoretical bases, emanating from those who created them. Briefly,

Narradrama was created by Pam Dunne (see chapter 2 in this volume). Based on the principles of narrative therapy and theatre, Dr. Dunne devised a way for people to heal through action exploration of the narratives they construct to guide their lives. You can read of Dr. Dunne's methods and theoretical base later in this volume and in Garcia and Buchanan's (2000) *Current Approaches to Drama Therapy*.

Theater of the Oppressed began to be developed by Brazilian Augusto Boal in the early 1970s (1979, 1992). Originally designed to help people to resist oppression through upheaval and rebellion, his later work seems more devoted to how groups and society at large can move toward greater peace and harmony. Boal developed various theatre games and exercises to achieve his goals.

Drama Therapy is distinguishable from Psychodrama in that psychodramatic interventions spring from the theoretical underpinnings of Morenean thought, whereas Drama Therapy historically emerged from several theoretical bases and activities. Although psychodramatists may utilize additional theories that help inform their work, all psychodramatists are required to learn Moreno's theoretical base since psychodramatic interventions arise from the theories. In recent years, this author has observed a lot of cross-fertilization between psychodrama and drama therapy, and the lines of division in some areas have become blurred. Although perhaps confusing to those who seek to delineate one from the other, the interweaving of psychodrama and drama therapy offers myriad opportunities for exciting and meaningful cocreation of new and profound ways to heal ourselves, each other, and our precious planet.

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